

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768696

FILED
Mar 28, 2008
Secretary of State

Entity Name: FRUIT COVE BAPTIST CHURCH OF JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business:

501 STATE RD.13
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

501 STATE RD.13
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-2294252 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAYNARD TIMOTHY DR
501 STATE RD 13
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAYNARD, TIMOTHY
Address: 2417 HAWKCREST DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD () Delete
Name: BAGNARDI, SHELI
Address: 1025 BUCKBEAN BRANCH
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD () Delete
Name: VAN ZANT, BRENDA
Address: 320 STONEHURST PARKWAY
City-St-Zip: ST AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY MAYNARD

PD

03/28/2008

Electronic Signature of Signing Officer or Director

_____ Date